

TROOP 8 ANNUAL PERMISSION FORM

I give permission for my son \_\_\_\_\_ to attend all Boy Scout Troop 8 events and to participate in all events, including Rappelling, except as noted below during the period from April 2008 through March 2009. I hereby release the staff of Troop 8 and its chartering organization from any all liability for any injury or illness that may occur to my son. In the event of an emergency, I hereby authorize examination, and hospital care that is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent or Legal Guardian Name and Address (Please Print)

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Emergency Phone Numbers

Please list any Allergies:

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Please list any Medications

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Activity Limitations:

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Name of Medical/Dental Insurance Co. and Policy # and Group #

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PLEASE PROVIDE A COPY OF INSURANCE CARD(S) FRONT AND BACK!!!!!!